MDR: M4-02-2898-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on April 9, 2002.

I. DISPUTE

1. Whether there should be reimbursement for a RS4I Sequential Stimulator and supplies denied for lack of preauthorization for dates of service 10/8/01 through 11/8/01.

II. RATIONALE

Per Rule 134.600(h)(11) preauthorization for durable medical equipment is required if the cost is in excess of \$500 per item (either purchase or expected cumulative rental) or a TENS unit. Requestor has submitted product information to support that DME item is not a TENS unit and the cumulative rental per item was not over \$500.00. Supplies for the DME item were also denied for no preauthorization. Per rule referenced DME supplies do not require preauthorization.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Medical Review has determined that the requestor is entitled to reimbursement for the DME equipment and supplies in the amount of \$ 705.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$705.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this <u>16th</u> day of <u>May</u> 2003.

Marguerite Foster Medical Dispute Resolution Officer Medical Review Division

MF/mf